

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		5/3/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CH	69411C	7/10/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9/17/03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
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Claim	Date
Final Original	
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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